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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32686

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4364

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4901 Agnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4901 Agnes Avenue 8
(If rural, give location)
(e) Citizen of foreign country? NO. 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Mrs. Margaret GRUMICH
3. (b) If veteran, name war: No.
3. (c) Social Security No.: None.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Edward Louis Grumich
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: November 25, 1869. (Month) (Day) (Year)
8. AGE: Years 75 Months 10 Days 27 If less than one day ____ hr. ____ min.
9. Birthplace: Douglas Co., (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: At Home.
11. Industry or business ____
FATHER 12. Name: John Anglim
FATHER 13. Birthplace: Douglas County, (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Mary McMahan
MOTHER 15. Birthplace: Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Mrs. Pauline A. Berry
(b) Address: Tulsa, Oklahoma.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/25/45. (Month) (Day) (Year)
(c) Place: burial or cremation: Mello St. Mary's Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eylar Mo.
(b) Address: 1800 Linwood Kansas City, Mo.
19. (a) 10-24-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd year 1945 hour 3:35 minute P.M. M.
21. I hereby certify that I attended the deceased from Oct 21-45, 19__, to Oct 22, 1945, that I last saw her alive on Oct 22, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration: Unknown
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death): 94 W
Major findings: Of operations ____ Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: J E Boe (M. D. ~~or other~~)
Address: 1102 E 47th Date signed 10/23/45

(Licensed Embalmer's Statement on Reverse Side)

Mr. Frost Center Bldg.
47th & Frost

APR 21 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.